# MINUTES

## Board of Directors Meeting

**Held April 20, 2016**

**Labelle Head Office Boardroom**

| BOARD MEMBERS: | Denise Alcock  
| | Diane Hupé  
| | Maria Barrados  
| | Robert D’Aoust  
| | Andrée Durieux-Smith  
| | Michael Ennis  
| | Melody Isinger  
| | Bill Skinner  
| Chair |  
| Vice-Chair |  
| Treasurer |  
| REGRETS: | Abebe Engdasaw  
| | Barbara Foulds  
| | Sherryl Smith  
| STAFF PRESENT: | Marc Sougavinski  
| | Catherine Butler  
| | Patrice Connolly  
| | Ashley Haugh  
| | Deryl Rasquinha  
| Chief Executive Officer |  
| Vice-President, Clinical Care |  
| Vice-President, People and Organizational Development |  
| Executive Assistant |  
| Vice-President, Performance and Strategy |  
| RECORDER: | Ashley Haugh  
| | Executive Assistant |  
| GUESTS: |  

## Agenda Item

### 1.0 CALL TO ORDER

#### 1.1 Welcome

Denise Alcock, Board Chair, welcomed everyone to the meeting.

#### 1.2 Declaration of Conflict of Interest

There was no declaration of conflict.
### 2.0 APPROVAL OF AGENDA

It was moved by Andrée Durieux-Smith, seconded by Diane Hupé and agreed to approve the agenda, including the consent agenda for the April 20, 2016 meeting. **CARRIED**

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### 3.0 CONSENT AGENDA

The consent agenda for the April 20, 2016 Champlain CCAC Board meeting contained the following information items and motions:

- **3.1** That the Champlain CCAC Board approves the minutes of the March 23, 2016 meeting.
- **3.1.1** Status of Follow-up/Action Items from previous Board minutes
- **3.2** That the Champlain CCAC Board approves the 2016-2017 Board work plan.
- **3.3** Draft Client Services, Quality and Safety Committee (CSQS) minutes containing the following updates:
  - Quality reports
  - CSQS committee 2016-2017 work plan and presentation schedule
  - Update on accreditation
  - Update on the Champlain CCAC Action Plan
  - Enhanced Clinical Oversight of Service Provider Organizations (SPOs) on Clinical Service Expectations
  - Annual Privacy program update
  - Scorecard review
- **3.4** Draft Finance Committee and Audit Committee minutes containing the following updates:
  - Scorecard review
  - Labelle lease
  - Monthly financial results & year-end projection
  - 2016-2017 fiscal outlook
  - Service Provider Organization (SPO) inspection strategy
  - Committee 2016-2017 work plan and presentation
- **3.4.1** Financial Statements

*Approved by motion 04-16-16*
4.0 BOARD CHAIR AND CEO REPORT

The Board Chair reported:

- There has been continued conference calls for CCAC Board Chairs regarding the upcoming health system structural change. The other main topic on the conference calls has been the upcoming Ontario Association of Community Care Access Centres (OACCAC) conference.
- The Ontario Hospital Association is hosting a regional meeting on May 16 in Ottawa regarding health system reconfiguration. The Deputy Minister of Health and Long-Term Care (MOHLTC) is attending.
- The peer-to-peer Board evaluations will be sent to Board members shortly. If you have any questions contact the Board Chair.

The CEO reported:

- On April 26 the CEOs of the CCACs and Local Health Integration Networks (LHINs) are meeting with the Deputy Minister and Associate Deputy Minister of MOHLTC.
- The Standing Committee on Public Accounts at Queen’s Park has asked for an update on the CCAC section of the Auditor General’s Annual Report. The Committee has invited MOHLTC, the OACCAC and the CEOS of the three CCACs audited (Champlain, Central and North East) to appear before the Committee on May 11.

5.0 GOVERNANCE COMMITTEE REPORT

5.1 Annual General Meeting

The Board discussed the format of the Annual General Meeting (AGM):

- Per the by-laws, the corporation is required to hold an AGM to elect the Board of Directors, approve by-law amendments, receive the Audited Financial Statements, and approve the appointment of Auditors.
- In addition to these required “business” items, the AGM also included reports from the committees, Board Chair and CEO. As well, there has also been a guest speaker.
- In this year of transition, the AGM will contain the traditional business items as well as reports from committees, the Board Chair and CEO. There may also be the opportunity to have a brief statement from a member of the Patient and Caregiver Council
- The IMPACT Centre could also be highlighted at the AGM.

5.2 Board Officers

An email will be sent to members shortly regarding interest in officer positions for 2016-2017.
6.0 PERSONAL SUPPORT SERVICES

The Board reviewed the Personal Support Services (PSS) strategy identified in the Champlain CCAC Action Plan (#15) and the December 2015 Community Annual Planning Submission (CAPS) submitted to the Champlain LHIN:

- PSS visits will be focusing on services to be delivered rather than a block of time.
- Currently, patients are assessed for services needed (e.g., a bath, assistance with getting out of bed, etc.) and are given a block of time for the service (e.g., an hour). However, the services often don’t require an hour of service so workers are not always there for a full hour, stay in the home waiting for the hour to end or do other non-ordered services.
- By focusing on and paying for the services ordered there will be a reduction in costs as visits will shift from one hour to approximately 45 minutes. The new PSS strategy should have initial savings of $1-$1.5M which will assist with the approximate $10M funding gap identified for 2016-2017.
- The new PSS strategy will begin with new patients and will be implemented for current patients during reassessments if appropriate.
- There will be ongoing monitoring/evaluation of the PSS strategy.
- The new strategy provides greater equity as all patients will be provided with the services ordered rather than other services that may or may not be provided if there is extra time.

Discussion included:

- Soft skills/interpersonal skills are important skills for all workers entering the home. While assisting patients with the ordered services, PSS workers should be interacting with the patient and monitoring the physical and social wellbeing.
- Knowing a service will be an hour allows for a caregiver to go out and do errands, a shorter period makes this more difficult.
- Patient needs, including their support structure, are taken into consideration as part of the assessments done by the Care Coordinator.
- Supplies over ordering continues to be examined by staff. There is a high cost to same day deliveries so supplies are ordered based on projected needs or in standard kits as this is more efficient than same day delivery costs. Unused supplies cannot be returned to the SPO due to infection prevention and control. As part of the recent supplies and equipment contract, the new vendor is committed to reviewing this issue. Staff as well as patients and caregivers will participate in this review.
- Staff continues to examine measures to find efficiencies and reduce costs to meet budget constraints.
- Regular reports will be brought to the Board on the Action Plan and budget strategies.
7.0 QUALITY AND FINANCIAL REPORTS

7.1 Scorecard and Financial and Performance Results

The scorecard was reviewed at the joint Client Services, Quality and Safety committee and Finance and Audit committee and presented to the Board for information.

It is expected there will be an approximate $1.8M deficit for 2015-2016, less than 1% of the budget. The deficit is carried over into 2016-2017.

7.2 2016-2017 Fiscal Outlook

Due to increased patient demand and increased acuity, there continues to be budget pressures in 2016-2017. The CAPS submission estimated a $10M deficit. Staff continues to examine measures to find efficiencies and reduce costs to meet budget constraints. The Champlain LHIN is aware of the budget pressures.

7.3 Multi-Sector Service Accountability Agreement (MSAA)

The Board reviewed the 2016-2017 amendments to the 2014-2017 MSAA:

- The MSAA was received on March 29 with an original sign back date of March 31. An extension was granted until April 12, which allowed the CSQS and Finance and Audit committees to review the document. It needed to be signed back to the Champlain LHIN to allow the April 15 funding to flow.
- Most targets will be met, however, with growing referrals and higher acuity patients and only a projected 0.5% base budget increase not all targets will be met.
- An accompanying letter was sent to the Champlain LHIN outlining some of the targets that may not be met. As included in the CSQS and Finance and Audit committee minutes, this includes:
  - Funding increases are not meeting the increases in patient demand and acuity. The 2016-2017 CAPS submitted in December identified a $10M funding gap. In January and February 2016, the Champlain CCAC was operating at 106%-107% over capacity and this trend is expected to continue. The organization does not want to wait list, but there is also an obligation to have a balanced budget.
  - The definition of balanced budget should be expanded to be plus or minus 1%. CCACs should also be allowed to keep any surplus funds and carry them over to the next budget year. Currently, if a CCAC has a deficit it must be recovered in the next year’s budget, but surpluses must be returned to the government.
  - The Champlain CCAC welcomes the opportunity to share administrative functions with the Champlain LHIN during this transition period to meet the reduced target of 6.4% administrative costs.
The Champlain CCAC has the highest percentage of Very High and High MAPLe patients (high acuity patients) in the province. High acuity require more services per patient meaning less patients can be served within the budget. This may mean the Champlain CCAC may be slightly below the 60,328 patient target in the MSAA.

The 5 day wait time for complex Personal Support Services (PSS) patients (95 percentile) is based on a very small patient population (approximately 100 patients per month) so a small portions of patients can easily shift the results. The Champlain CCAC has been working hard to meet this metrics. Some patients do request delayed starts to their PSS services (approximately 6-8% each month) and these patients are included in the definition for this target.

The Champlain CCAC is a committed partner in the integration of health services in Champlain. The CCAC was not involved in the 10 points listed as Community Support Services (CSS) initiatives in the MSAA. We look forward to learning more about the initiatives. Additional funding may be required to support implementation.

The Champlain CCAC is committed to working with the Champlain LHIN and the Ministry of Health and Long-Term Care (MOHLTC) in the advancement of new programs. New initiatives introduced throughout the year – e.g., physician assisted death, self-directed care, caregiver strategy, etc. – will require additional funding.

The Champlain CCAC identified approximately $500K in additional funding requests in its 2016-2017 CAPS for Interactive Voice Response (IVR) rollout, integration with CSS agencies, care plan flexibility pilot, and a Lean project.

It was moved by Michael Ennis, seconded by Maria Barrados and agreed that the Champlain CCAC Board agrees with the submission made for the 2016-2017 amendments to the 2014-2017 Multi-Sector Service Accountability Agreement.

Motion Carried
04-16-17

8.0 CHAMPLAIN CCAC ACTION PLAN

The Board reviewed the Champlain CCAC Action Plan priorities:

- The Champlain CCAC Action Plan was developed to address issues identified in the Board’s response to Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario. It also addresses items raised in the Office of the Auditor General reports as well as the Ministry of Health and Long-Term Care’s 10 point plan.

- The Action Plan focuses on how the Champlain CCAC will maintain high needs clients at home through 20 key initiatives grouped under three main themes:
  - Maintaining Increasingly Complex Patients at Home
• Modernizing and Improving the Home and Community Care Delivery Model
  • Sustainability for Growth
• It is a living document and can be updated as needed as details of the system transformation are confirmed.
• Priority work for 2016-2017 has been identified under each of the 20 points in the Action Plan. This work has been categorized into three main areas:
  • Clinical care work related to patient experience/Quality Improvement
  • Other work-in-progress or previously planned
  • Mandatory work (e.g., MSAA, Government initiatives, etc.)
• The categorizations take into consideration available resources – human and financial.
• An update report will be provided at each Board meeting.

Discussion included:
• In this transition year in the health system, the Action Plan provides high level guidance to the organization for the current year and the future. Each of the items will have work plans developed by staff.

9.0 COMMUNITY REPORTS

The Board discussed CCAC Board member attendance at Champlain LHIN Board meetings.

10.0 OTHER BUSINESS

10.1 Public Questions and Comments

There were no public questions or comments.

It was moved by Bill Skinner, seconded by Michael Ennis and agreed to move in-camera.

CARRIED

Motion Carried 04-16-18

It was moved by Robert D’Aoust, seconded by Melody Isinger and agreed to adjourn the meeting.

CARRIED

Motion Carried 04-16-22

CONFIRMED:  

original signed by  
DENISE ALCOCK, CHAIR

original signed by  
MARC SOUGAVINSKI, CEO AND BOARD SECRETARY